



PLANT DISEASE DIAGNOSTIC FORM

Gulf Coast Research & Ed. Center
14625 County Road 672
Wimauma, FL 33598
Phone: (813) 633-4131
E-mail: jcmert@ulf.edu

Sample #	_____
Date received	_____
Reply	_____
Disease	_____
Genus	_____
	Conf. Susp. Inconcl.
Species	_____
	Conf. Susp. Inconcl.

PLEASE COMPLETE THE AREA BELOW TO HAVE YOUR SAMPLE DIAGNOSED (* mandatory)

GROWER INFORMATION	SUBMITTED BY (if different)
Name* _____	_____
Farm/Company* _____	_____
City & State* _____	_____
County* _____	_____
Phone* _____	_____
Email _____	_____
*Commercial grower ___ Home grower ___ Consultant ___ Extension agent ___ Researcher ___	
SAMPLE INFORMATION:	
Plant or Crop* _____	Variety _____
Nursery Source (Strawberry only): _____	Planting Date: _____
*Sample source: Field ___ Greenhouse ___ Nursery ___ Yard ___ Other _____	
*What's wrong with your plant or crop? (Please describe the symptoms)	

How much of your crop is affected? _____ How long have you noticed this problem? _____	
How is the problem distributed? (Random plants....patchy spots....certain beds.... low areas....etc.)	

What pesticides have you applied recently? _____	

Other comments or instructions for the diagnostician _____	
